

Santa Cruz County Report

2005 Behavioral Risk Factor Surveillance System (BRFSS)

Steps To A Healthier Arizona Initiative

by

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The Behavioral Risk Factor Surveillance System (BRFSS) was designed to provide surveillance for certain behaviors and conditions associated with the leading causes of death and other important health issues. Various public health programs, such as the Steps to a Healthier Arizona Initiative, use this system to monitor progress using certain performance measures. The 2005 BRFSS was conducted among adults aged 18 and over in the state of Arizona. This report provides prevalence estimates of certain risk behaviors and the health status of 514 Santa Cruz County adult residents. These estimates are then compared with estimates for the state of Arizona. Where available, this report also provides estimates by gender, age group, race/ethnicity, education, and income.

Key Findings

- **Twenty-eight percent (28%) of Santa Cruz County respondents reported that they did not have any kind of health care coverage; Thirty-two percent (32%) reported not having one person they think of as their personal health care provider; and Twenty-two percent (22%) reported that they could not see a doctor when they needed to because of costs. Hispanic respondents were significantly more likely to not have health care coverage, more likely to not see a doctor when needed because of costs, but more likely to see a doctor for a routine checkup in the past year, than non-Hispanic whites.** These results suggest the need for improved access to quality health care. Interventions must focus on eliminating health disparities in health care access, including the removal of certain structural, financial, and personal barriers.
- **Roughly seven percent (6.9%) of Santa Cruz County respondents reported that a doctor or nurse had told them that they had asthma, and nearly four percent (3.7%) had been told that they currently have asthma.** Since there is no cure for asthma, persons with the disease must learn to control their symptoms to avoid hospitalization and death. Interventions that include education and proper self-management will help to improve the lives of people with asthma.
- **Over 20 percent (21%) of Santa Cruz County respondents reported being current smokers.** These results suggest the need for continued interventions and cessation opportunities for current smokers, as well as efforts to prevent people from starting to smoke, especially youth. There is sufficient evidence to associate cigarette smoking with negative health outcomes, such as many forms of cancer.
- **Eleven percent (11%) of Santa Cruz County respondents said that a doctor had told them they had diabetes, other than during pregnancy.** The proportion of people with diabetes is growing, and there is an obvious need for education interventions that stress the importance of prevention, early detection, and self-management.
- **Twenty-eight percent (28%) of adult survey respondents in Santa Cruz County reported eating at least 5 fruits and vegetables per day. Forty-eight percent (48%) of respondents reported meeting physical activity recommendations.** These findings show the need to promote healthy behaviors, including proper nutrition and physical activity. Community involvement will be important in promoting the proper messages.
- **Sixty-seven percent (67%) of respondents in Santa Cruz County were overweight (BMI ≥ 25). Twenty-three percent (23%) were obese (BMI ≥ 30). Hispanic respondents were more likely to be overweight, than non-Hispanic whites.** Once again, these results show the need to promote a healthy lifestyle. To prevent many chronic diseases, interventions must focus on nutrition and physical activity. Education will not be enough, however, as certain barriers will need to be removed in order to provide the opportunities necessary for people to become healthy.

The Arizona Behavioral Risk Factor Survey (BRFS) is part of the Behavioral Risk Factor Surveillance System (BRFSS), developed by the Centers for Disease Control and Prevention (CDC). The yearly survey focuses on behaviors and conditions that are associated with the leading causes of death, as well as other important health issues. Collected information is then used in planning, conducting, and evaluating public health programs.

One such program is the Steps To A Healthier Arizona Initiative, which aims to reduce the burden of asthma, diabetes and obesity by addressing three related risk factors, that is, tobacco use, imbalanced nutrition, and physical inactivity. Three border counties (Yuma, Santa Cruz, and Cochise) and one sovereign nation (Tohono O’odham Nation) are currently involved in this community-driven initiative. For the 2005 Arizona BRFS, the Steps Program funded the over-sampling and increased data collection in these four regions.

The intent of this report is to inform Steps community leaders, sub-contractors, and partners about the current status of certain health performance measures in order to monitor the progress of the Steps Program. Also, this report can aid health professionals in gauging community progress in achieving the Healthy People 2010 objectives.

The following report contains select information from the 2005 Arizona BRFS pertaining to each Steps-related indicator. Within each section, there is background information, an overview of county-specific data from the 2005 BRFS, and a discussion with recommendations. The sections are as follows:

1) General Health and Access to Care

2) Asthma

3) Tobacco Use

4) Diabetes

5) Healthy Eating and Physical Activity

6) Overweight and Obesity

Table 1. Weighted demographic characteristics for Santa Cruz County (2005 BRFSS).

Gender	%	Age	%	Race/Ethnicity	%
Male	51.9%	18-24	7.8%	White, Non-Hispanic	19.6%
Female	48.1%	25-34	17.6%	Non-White, Non-Hispanic	1.4%
		35-44	22.1%	Hispanic	79.0%
		45-54	24.8%		
		55-64	14.6%		
		65+	13.2%		

The 2005 Arizona BRFSS was conducted using a random sample telephone survey, and used a Disproportionate Stratified Sampling (DSS) strategy. Interviewers used random digit dialing to select participants and Computer Assisted Telephone Interviewing (CATI) to administer the surveys to adults aged 18 years and older. The survey has the potential to represent 91.8 percent of all households in Arizona, since this many households have been reported by the Arizona Department of Economic Security to have household telephones in 2004.¹

For the state of Arizona, a total sample size of 4,710 interviews was selected over a 12-month period in 2005 to achieve an acceptable 95% confidence interval of $\pm 3\%$ on risk factor prevalence estimates of the adult population. This means that the estimated prevalence of a given risk factor can be reliably projected across the total population of Arizona residents. Prevalence estimates of individual demographic variables, especially those that yield smaller sample sizes, do not achieve the same level of accuracy as the total sample.

The collected data were compiled and weighted by the CDC. Weighted counts were based on the Arizona population to accurately reflect the population demographics. The weighting factor considered the number of adults and telephone lines in the household, cluster size, stratum size, and age/race/sex distribution of the general population.

In order to attain a sufficient sample size for each Steps community within Arizona, the Steps to a Healthier Arizona Initiative funded the over-sampling of these communities, resulting in a total of 482 interviews for Santa Cruz County alone. It is important to note, however, that the samples from Yuma, Santa Cruz, and Cochise counties were still not large enough to have proper estimates on many questions; therefore, statistics were reported here only for those items that had sufficient data.

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1. Federal Communications Commission (FCC). Trends in Telephone Service. June 21, 2005. Available at <http://www.fcc.gov/web/iatd/trends.html>

Background

Access to quality health care is important in eliminating health disparities and increasing the quality and quantity of life for all persons in the United States, which are the two overarching goals of Healthy People 2010. Access to health care services is strongly predicted by having health insurance and a higher income level. Persons with health insurance are more likely to have a primary care provider and to receive appropriate preventive care. However, even for those who have health insurance, many lack a usual source of ongoing primary care.¹

Additionally, substantial disparities exist in health insurance coverage for certain populations. Individuals may face barriers to receiving services, such as not having health care facilities or health professionals nearby, or not having the financial capacity to cover certain services. They may also face personal barriers such as sexual orientation, cultural differences, language barriers, physical distance, and lack of transportation.¹

Overview

Twenty-eight percent (28%) of Santa Cruz County respondents reported that they did not have any kind of health care coverage. Sixty-eight percent (68%) of Hispanic respondents reported having health care coverage, which is significantly lower than the percentage of non-Hispanic white respondents (88%) who reported having health care coverage. Respondents whose income was between \$15,000-24,999 were significantly less likely to have any kind of health insurance (67%) than respondents whose income was between \$35,000-49,999 (91%). There were no other significant differences in gender, age, or education.

Figure 1. Percent of Adult BRFSS respondents who reported not having any kind of health coverage.

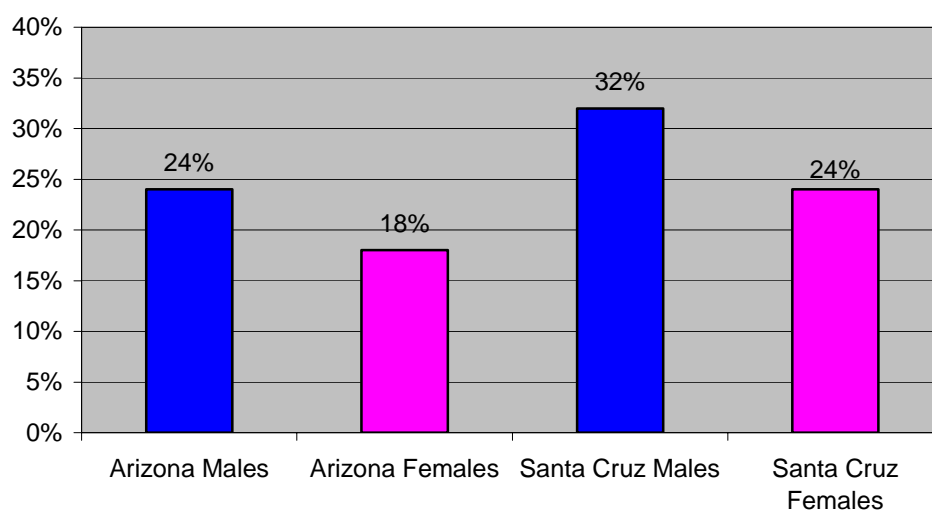


Figure 2. Respondents ≥ 18 years who report having any kind of health care coverage.

Domain	Value	Has insurance = Yes		
		n	%	95% CI
Respondent Sex	Male	131	68	59.33 - 75.8
	Female	254	76	70.2 - 81.05
Respondent Race	White/Non-Hisp	111	88	81.51 - 94.6
	Black or Af. Am/Non-Hisp	1	N/A	
	Oth. Race/Non-Hisp	4	N/A	
	MultiRacial/Non-Hisp	2	N/A	
	Hispanic	263	68	62.12 - 73.7
Income Level	Less than \$15,000	58	N/A	
	\$15,000-24,999	98	67	57.51 - 76.0
	\$25,000-34,999	50	N/A	
	\$35,000-49,999	51	91	83.73 - 98.4
	\$50,000-74,999	42	N/A	
	\$75,000+	38	N/A	

Almost one-third (32%) of respondents reported not having one person they thought of as their personal health care provider. Older respondents, over the age of 65, were much more likely to have a personal health care provider (87%) than respondents between ages 45-54 (69%). There were no other significant differences in gender, race/ethnicity, education, or income. Twenty-eight percent (28%) of all Santa Cruz County respondents reported that they had not visited a doctor for a routine checkup in the past 12 months, 88% had not visited a doctor for a routine checkup in the past two years, and 91% had not visited a doctor for a routine checkup in the past five years. Hispanic respondents were significantly more likely (76%) to visit a doctor for a routine checkup in the past 12 months, than non-Hispanic whites (58%). There were no other significant differences in gender, age, education, or income.

Figure 3. Respondents ≥ 18 years who report having one person they thought of as their personal health care provider.

Domain	Value	Have a primary health care provider = Yes		
		n	%	95% CI
Respondent Sex	Male	120	67	58.62 - 74.6
	Female	238	69	62.71 - 74.6
Respondent Age	18-24 years	8	N/A	
	25-34 years	41	N/A	
	35-44 years	76	75	66.37 - 84.1
	45-54 years	78	69	59.13 - 78.1
	55-64 years	64	N/A	
	65+ years	88	87	79.17 - 94.5

Twenty-two percent (22%) of all Santa Cruz County respondents reported that they could not see a doctor when they needed to because of costs, including 25% of Hispanic respondents and only 7.3% of non-Hispanic white respondents; a significant difference. Persons between age 45-54 are

significantly more likely to skip medical care because of cost (29%) than those over the age of 65 (6.1%). Persons with annual incomes between \$15,000 and \$24,999 were significantly more likely (31%) to skip medical care because of cost than respondents with incomes between \$35,000 and \$49,999 (11%). No other significant differences were found among gender or education level.

Figure 4. Respondents ≥ 18 years who report a time in the past year when they needed to see a doctor but could not do so because of cost.

		Skipped health care because of cost = Yes		
Domain	Value	n	%	95% CI
Respondent Sex	Male	31	20	13.07 - 27.5
	Female	62	23	17.17 - 28.4
Respondent Age	18-24 years	4	N/A	
	25-34 years	17	N/A	
	35-44 years	21	18	9.82 - 25.32
	45-54 years	27	29	18.94 - 38.8
	55-64 years	18	N/A	
	65+ years	6	6.1	1.1 - 11.19
Respondent Race	White/Non-Hisp	9	7.3	2.17 - 12.45
	Black or Af. Am/Non-Hisp	1	N/A	
	Oth. Race/Non-Hisp	2	N/A	
	MultiRacial/Non-Hisp	1	N/A	
	Hispanic	80	25	19.44 - 30.3
Income Level	Less than \$15,000	23	N/A	
	\$15,000-24,999	36	31	22.01 - 40.5
	\$25,000-34,999	11	N/A	
	\$35,000-49,999	6	11	2.03 - 20.62
	\$50,000-74,999	2	N/A	
	\$75,000+	1	N/A	

The mean number of healthy days in the past month reported by Santa Cruz County respondents was 26 days. There were no significant differences in gender, age groups, races/ethnicities, education levels, or income levels.

Figure 5. Mean number of Healthy Days among adults aged greater than or equal to 18 years.

Domain	Value	n	Number Healthy Days	
			Mean	95% CI
Respondent Sex	Male	177	27	25.58-27.97
	Female	323	25	23.54-25.77
Respondent Age	18-24 years	16	N/A	
	25-34 years	79	27	25.05-28.41
	35-44 years	105	26	24.07-27.48
	45-54 years	115	26	23.98-27.69
	55-64 years	87	23	20.49-25.75
	65+ years	95	24	22.42-26.33
Respondent Race	White/Non-Hisp	123	25	23.37-26.75
	Black or Af.	1	N/A	
	Am/Non-Hisp			
	Oth. Race/Non-Hisp	7	N/A	
	MultiRacial/Non-Hisp	2	N/A	
	Hispanic	363	26	24.93-26.81
Education Level	Less Than HS	98	25	23.02-27.21
	HS or GED	158	26	24.48-27.16
	Some Post HS	114	25	23.4-26.75
	College Graduate	128	26	24.55-28.01
	Unk/Ref	2	N/A	
Income Level	Less than \$15,000	76	24	22.3-26.51
	\$15,000-24,999	139	25	23.12-26.44
	\$25,000-34,999	65	28	26.28-29.47
	\$35,000-49,999	58	28	26.42-28.82
	\$50,000-74,999	46	N/A	
	\$75,000+	45	N/A	

Discussion

Lack of health insurance has been associated with delayed health care and increased mortality. Underinsurance (i.e., the inability to pay out-of-pocket expenses despite having insurance) may also result in adverse health consequences. People who do not have insurance are more likely than their insured counterparts to not have a primary health care provider and not receive appropriate preventive care, both of which have a negative impact on health outcomes.

To assess access to health care, Healthy People 2010 has identified two main objectives: to increase the proportion of persons with health insurance to 100%, and to increase the proportion of persons who have a specific source of ongoing care to 96%.¹ However, specific barriers to health care access need to be addressed in order to fully meet the Healthy People 2010 objectives. Access cannot be achieved unless financial, structural, and personal barriers have been removed.

Figure 6. Healthy People 2010 objectives related to access to care, prevalence rates.¹

Objective	1998 Baseline (U.S.)	2010 Target (U.S.)
Increase in persons with health insurance		
Adults under age 65	83%	100%
Increase in persons with a specific source of ongoing care		
All ages	87%	96%
Adolescents age 17 and under	93%	97%
Adults age 18 and older	85%	96%
Increase in persons with a usual primary care provider	77%	85%

Measuring and comparing the mean number of health days among specific populations will also help to evaluate the progression towards the two major goals of Healthy People 2010, which are to 1) increase the quality and quantity of life, and 2) to eliminate health disparities. Monitoring the number of healthy days among populations is especially beneficial to chronic disease programs, because it shows the direct impact of long-term health conditions on quality of life.²

References

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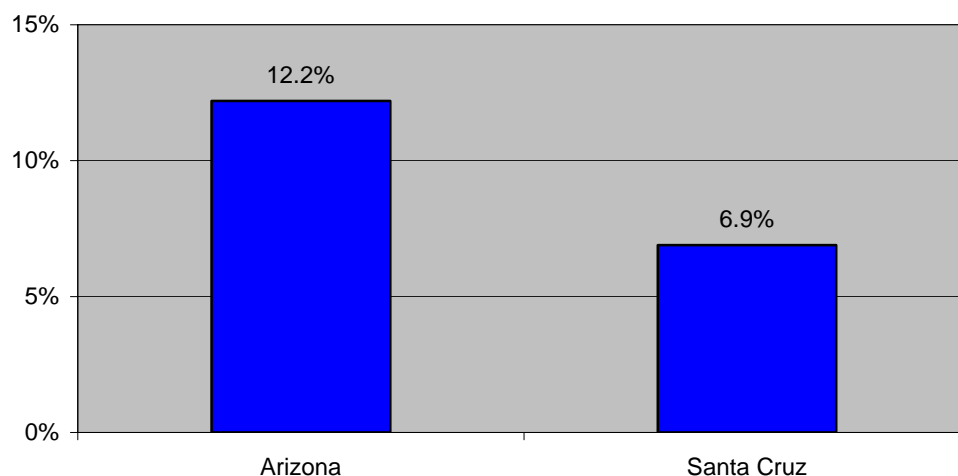
Background

Asthma is a chronic inflammatory lung disease defined by acute episodes of persistent and distressing episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing.¹ Asthmatics are extremely sensitive to environmental exposures such as tobacco smoke, air pollutants, and allergens along with other factors such as respiratory infections and exercise.² If not managed properly, asthma can be life-threatening.²

Asthma is a serious and growing health problem. In 2003, it was estimated that over 31 million persons in the United States (111 people per 1,000) have at some point in their lifetime been diagnosed with asthma.³ This is a prevalence rate of 11% for adults. Asthma is responsible for approximately 500,000 hospitalizations, 5,000 deaths, and 134 million restricted activity days annually.⁴ Yet people with asthma could avoid most of the problems cause by asthma if they and their health care providers managed the disease according to accepted guidelines.

Overview

Figure 1. Percentage of adult BRFSS respondents who report being told by a doctor or nurse that they have had asthma.



Less than seven percent (6.9%) of Santa Cruz County respondents reported that a doctor or nurse had told them that they have had asthma. Less than four percent (3.7%) reported being told that they currently have asthma. There was insufficient data to compare this indicator across age groups, income levels, education levels, or race/ethnicity. Additionally, there was insufficient data to analyze the other asthma-related Steps Core Performance Measures.

Discussion

Nearly one out of every 15 adults in Santa Cruz County reported having asthma. These people are at a higher risk of experiencing poor health outcomes, including hospitalization and even death. It is important to develop and implement a long-term and multifaceted solution for this complex disease. The solution must include education, treatment, and the provision of ongoing medical care and observation for people with the disease. Also, the solution needs to stress the importance of self-management; altering behaviors that lead to asthma or worsen the condition, and eliminating or avoiding certain triggers.¹

There is no known cause for the development of asthma, nor is there a cure. Asthma can be controlled, however, by knowing the warning signs of an attack, avoiding asthma-related triggers, and following medical advice.⁵ Proper case management of asthma should avert many emergency visits and hospital stays as well as much of the anxiety associated with asthma. Management is crucial in avoiding asthma-related hospitalization and death.

Often, asthma can be difficult to diagnose, especially in young children. Regular physical exams can help make the correct diagnosis.⁵ Routine screenings performed by health care professionals can help increase early diagnoses, and provide the opportunities for education about proper asthma management. Education is the key, not only for people with asthma, but also for their families and caregivers, and for physicians and researchers as well. Without the proper resources provided by health care professionals, it is difficult for asthmatics to control their symptoms.

Increased efforts are needed to address the characteristics of healthy indoor environments. The Institute of Medicine identified ways to reduce the following levels of environmental exposures in the home:¹

- Dust mites
- Environmental Tobacco Smoke (ETS)
- Cockroaches
- Pets
- Mold

Asthma-related objectives for Healthy People 2010 aim to reduce the number of deaths, hospitalizations, and emergency department visits from asthma, among many others.⁶

Figure 2. Healthy People 2010 objectives related to asthma.⁶

Objective	1998 Baseline (U.S.)	2010 Target (U.S.)
Reduce asthma deaths (Death rate per million)		
Children under age 5	2.1	1.0
Children age 5-14	3.3	1.0
Adolescents and adults age 15-34	5.0	2.0
Adults age 35-64	17.8	9.0
Adults age 65 and older	86.3	60.0
Reduce asthma hospitalizations (Rate per 10,000)		
Children under age 5	45.6	25
Children and adults age 5-64	12.5	7.7
Adults age 65 and older	17.7	11
Reduce asthma ED visits (Rate per 10,000)		
Children under age 5	150.0	80
Children and adults age 5-64	71.1	50
Adults age 65 and older	29.5	15

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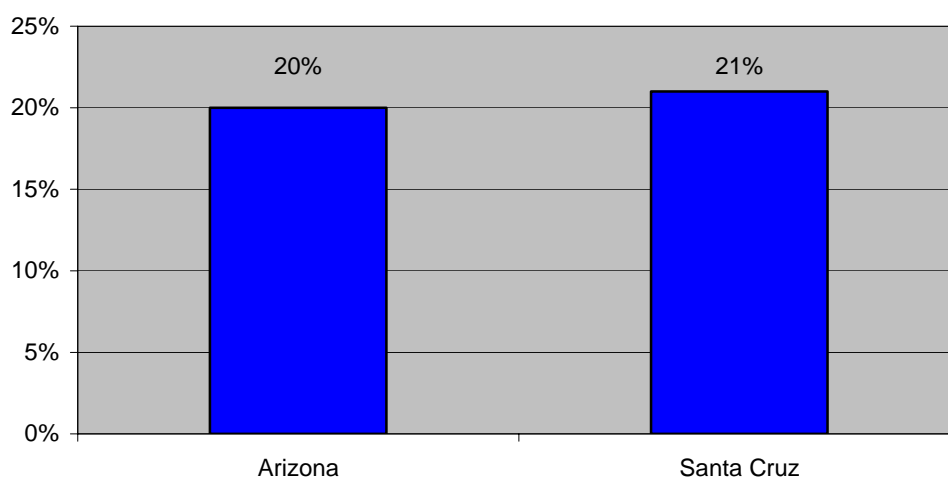
Background

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964. Cigarette smokers are more likely to develop heart disease, stroke, many types of cancer, and chronic lung disease than are nonsmokers. For women, smoking during pregnancy increases the risk of infertility, preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS).¹ Studies have also found that exposure to secondhand smoke, or environmental tobacco smoke (ETS), causes heart disease and lung cancer in nonsmoking adults, as well as SIDS, respiratory infections, and more frequent and severe asthma attacks in children.

Despite this increase in knowledge, cigarette smoking remains the leading preventable cause of death in the United States, causing nearly 1 of every 5 adult deaths (438,000 people) each year.² This represents more than 5 million years of potential life lost.³ If current tobacco use patterns persist in the United States, an estimated 5 million persons under age 18 years, in 1995, will die prematurely from a smoking-related disease.³ Additionally, tobacco use costs the United States approximately \$50-73 billion per year in medical expenses; \$1.4 billion of this is related to smoking during pregnancy.⁴

Overview

Figure 1. Adult BRFSS respondents who report being a current smoker.



Twenty-one percent (21%) of Santa Cruz County respondents reported being current smokers, with males being significantly more likely to smoke (29%) than females (15%). Adults over the age of 65 were significantly less likely to smoke (5.8%) than adults between age 45-54 or 35-44 (23% and 21%, respectively). There were no other significant differences in the percentage of current smokers in income, education, or race/ethnicity.

Figure 2. Respondents ≥ 18 years who report having smoked 100 cigarettes in their lifetime and are current smokers on every day or some days.

Domain	Value	Current Smoker=Yes		
		n	%	95% CI
Respondent Sex	Male	47	29	20.51 - 36.5
	Female	51	15	10.76 - 19.5
Respondent Age	18-24 years	3	N/A	
	25-34 years	23	N/A	
	35-44 years	20	21	11.51 - 29.5
	45-54 years	24	23	13.53 - 31.8
	55-64 years	22	N/A	
	65+ years	6	5.8	0.25 - 11.35

Discussion

Efforts to reduce tobacco use in the United States have shifted from focusing primarily on smoking cessation at the individual level, to more population-based interventions.

Comprehensive tobacco control programs' goals are to reduce disease, disability, and death related to tobacco use by preventing the initiation of tobacco use, promoting quitting among youth and adults, eliminating nonsmokers' exposure to secondhand smoke, and identifying and eliminating disparities related to tobacco use and its effects among different population groups.⁴

To address these goals, community programs, media interventions, policy and regulatory activities, and surveillance and evaluation programs are being implemented. Specifically, the following elements are used to build capacity to implement and support tobacco use prevention and control interventions: a focus on change in social norms and environments that support tobacco use, policy and regulatory strategies, community participation, establishment of public and private partnerships, strategic use of media, development of local programs, coordination of statewide and local activities, linkage of school-based activities to community activities, and use of data collection and evaluation techniques to monitor the programs' impact on society.³

Tobacco-related goals for Healthy People 2010 aim to reduce illness, disability, and death related to tobacco use and exposure to secondhand smoke.³ Specific objectives include reducing adult tobacco use, increasing smoking cessation opportunities for adults as well as for women during pregnancy, reducing exposure to tobacco smoke at home among children, and reducing exposure to environmental tobacco smoke, among others.

Figure 3. Healthy People 2010 objectives related to tobacco use, prevalence rates.³

Objective	1998 Baseline (U.S.)	2010 Target (U.S.)
Reduce tobacco use by adults		
Cigarette smoking	24%	12%
Reduce the proportion of nonsmokers exposed to environmental tobacco smoke		
Age 4 and older	65%	45%
Increase tobacco-free environments in schools		
All middle, junior, and senior high schools	37%	100%

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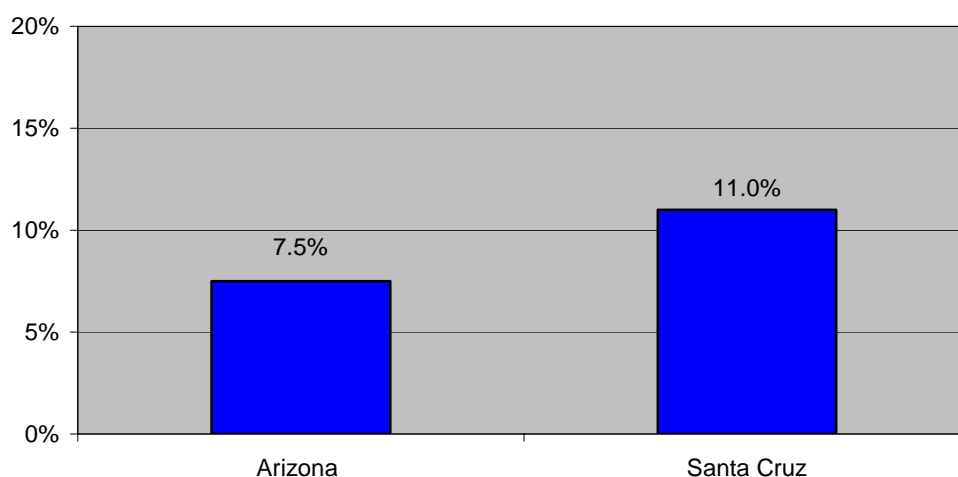
Background

Diabetes is a group of chronic diseases characterized by high blood sugar levels. There are two major types: type 1 diabetes, also referred to as juvenile or insulin-dependent diabetes, and type 2 diabetes, traditionally known as adult-onset or non-insulin dependent diabetes. Type 1 diabetes occurs when the body does not produce insulin, or the hormone responsible for breaking down sugar in the blood stream. Individuals with type 1 diabetes are usually thin, diagnosed at a young age and require daily insulin injections. There is no known way to prevent type 1 diabetes; however, it can be controlled. Type 2 diabetes occurs when the body produces insulin, but the insulin is not used effectively. Individuals with type 2 diabetes are usually overweight, inactive, and are diagnosed as adults. There is no known way to cure type 2 diabetes; however, it can be prevented and controlled.^{1,2}

Recent estimates suggest that 20.8 million people in the United States, or seven percent of the population, have diabetes. Of those 20.8 million people with diabetes, approximately 6.2 million do not know that they have diabetes. Serious complications can occur from diabetes, including heart disease and stroke, high blood pressure, blindness, kidney disease, nervous system disease, amputations, dental disease, complications of pregnancy, and even premature death. To lower the risk of complications, people with diabetes can take steps towards controlling the disease.¹

Overview

Figure 1. Percentage of adult BRFSS respondents who report having clinically diagnosed diabetes.



Over ten percent (11%) of Santa Cruz County respondents said that a doctor or nurse had told them they were diabetic, other than during pregnancy. Respondents age 35-44 were much less likely (2.2%) to have been told they were diabetic than respondents age 45-54 or age 55-64 (17% and 20%, respectively). Respondents with less than a high school education were significantly more likely (21%) to be diagnosed with diabetes than those who have graduated college (5.2%). There were no other significant differences between genders, races/ethnicities, or levels of

income. Additionally, there was insufficient data to analyze the other diabetes-related Steps Core Performance Measures.

Figure 2. Respondents ≥ 18 years who report ever having been told by a doctor that they have diabetes, other than diabetes during pregnancy.

		Clinically Diabetic=Yes		
Domain	Value	n	%	95% CI
Respondent Sex	Male	20	9.5	5 - 13.95
	Female	40	12	7.83 - 16.05
Respondent Age	18-24 years	0	N/A	
	25-34 years	0	N/A	0 -
	35-44 years	3	2.2	0 - 4.78
	45-54 years	17	17	8.18 - 25.46
	55-64 years	18	20	10.63 - 29.9
	65+ years	22	N/A	
Education Level	Less Than HS	22	21	11.62 - 29.7
	HS or GED	15	8.6	3.83 - 13.37
	Some Post HS	13	11	4.43 - 17.65
	College Graduate	10	5.2	1.78 - 8.7
	Unk/Ref	0	N/A	

Discussion

Diabetes is becoming a significant public health problem in Arizona, and will pose an immense burden on various health care delivery systems in the near future. Currently, 6.6 percent of Arizona adults, or 284,102 people, have been diagnosed with diabetes.² In 2004, there were more than 91,000 hospitalizations of persons with diabetes, with hospital charges amounting to more than \$2.5 billion.² According to various measures of diabetes prevalence, mortality, hospitalization and major risk factors, current rates are worsening, and this increase is seen among all racial/ethnic and age groups; however, certain populations have been affected more than others. Additionally, changing demographic patterns in the United States are expected to cause an increase in the number of people who are at risk for diabetes and an increase in those who eventually develop the disease. Studies suggest that type 2 diabetes, although still rare, is being diagnosed more frequently in children and adolescents, particularly in American Indians, African Americans, and Hispanic/Latino Americans.¹

To reduce the incidence of diabetes and control the costs associated with diabetes care, we must encourage activities now that will delay the onset of complications and even prevent diabetes from occurring at all. Prevention activities for type 2 diabetes include promoting a healthy lifestyle, which consists of physical activity and balanced nutrition. Self-management training for those with diabetes should also include the importance of physical activity and proper nutrition, in addition to treatment with oral tablets or insulin. To prevent complications from diabetes, individuals must learn control their glucose levels, blood pressure, blood lipids, and participate in preventive care for their eyes, kidneys, and feet.

In addition to early detection, improved delivery of care, and better education on diabetes self-management, it is important to promote policies that would improve both quality of care and access to care, which is one of the overarching goals of Healthy People 2010. Additionally, to reduce diabetes-related health disparities, which is another overarching goal of Healthy People 2010, programs specific to high-risk populations will be needed to control the rising incidence among these groups. Other specific diabetes-related objectives for Healthy People 2010 aim to reduce the prevalence of diabetes and its economic burden through prevention programs, and improve the quality of life for all persons who have or are at risk of developing diabetes.³

Figure 3. Healthy People 2010 objectives related to diabetes.³

Objective	1998 Baseline (U.S.)	2010 Target (U.S.)
Prevent new cases of diabetes (Rate per 1,000)	3.5	2.5
Reduce the diabetes death rate (Death rate per 100,000)	75	45
Increase in persons with diabetes who receive formal diabetes education (Prevalence rates)	45%	60%
Increase in persons with diabetes whose condition has been diagnosed (Prevalence rates)	68%	80%

References

1. CDC. National Diabetes Fact Sheet, 2005. Available at <http://www.cdc.gov/diabetes/pubs/estimates05.htm#prev>
2. Arizona Department of Health Services (ADHS). Diabetes in Arizona: Status Report, 2005. Available at www.azdhs.gov/phs/oncdps/diabetes/pdf/status_report_05.pdf
3. U.S. Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.

Background

A healthy lifestyle includes both healthy eating and regular physical activity. Balanced nutrition is essential for growth and development, as well as for health and well-being, and should include a diet low in saturated fats and include at least five servings of fruits and vegetables each day. Imbalanced nutrition, among other dietary factors, contributes substantially to the burden of preventable illness and premature death in the United States, as well as in Arizona. Four of the ten leading causes of death can be associated with nutrition: coronary heart disease, some types of cancer, stroke, and type 2 diabetes. It has been estimated that these health conditions cost society over \$200 billion each year in medical expenses and lost productivity.¹

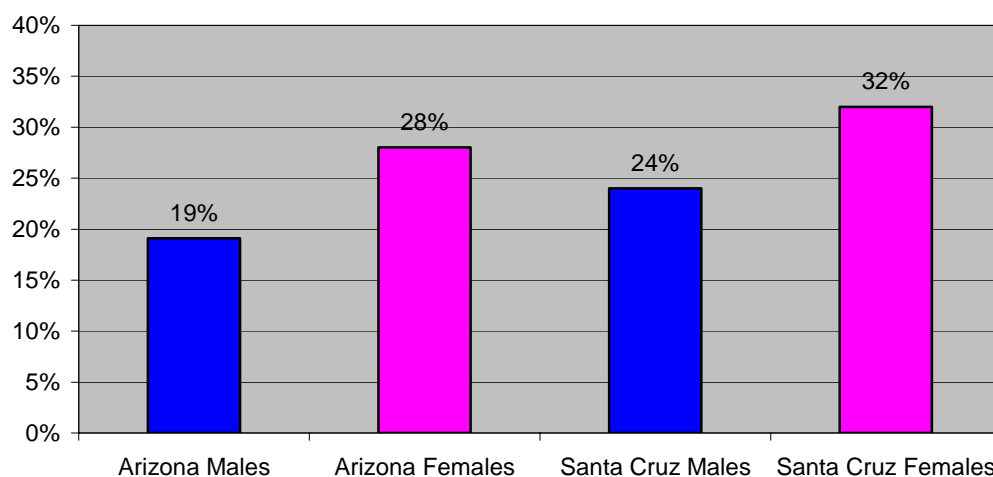
Engaging in regular physical activity can enhance the quality of life for people of all ages, help maintain functional independence of the elderly, and can allow people outlive those who are inactive. More specifically, physical activity can reduce the risk of developing or dying from heart disease, diabetes, colon cancer, high blood pressure, obesity, and osteoporosis, and it may even protect against lower back pain, arthritis, and some forms of cancer. Being physically inactive puts one at risk for both financial risks and medical risks for many of these chronic diseases and conditions.¹

Both diet and physical activity have been known to play a major role in the quality of long-term health for years, and an imbalanced diet is one of the most significant controllable risk factors for poor health status. If the typical American diet and physical activity habits were to be improved, productive life span would likely increase, and the occurrence of many chronic diseases would likely decrease. The promotion of healthful eating habits and a regular physical activity routine should be stressed, as they are important and should begin early in life to ensure the continuation of these habits.

Overview

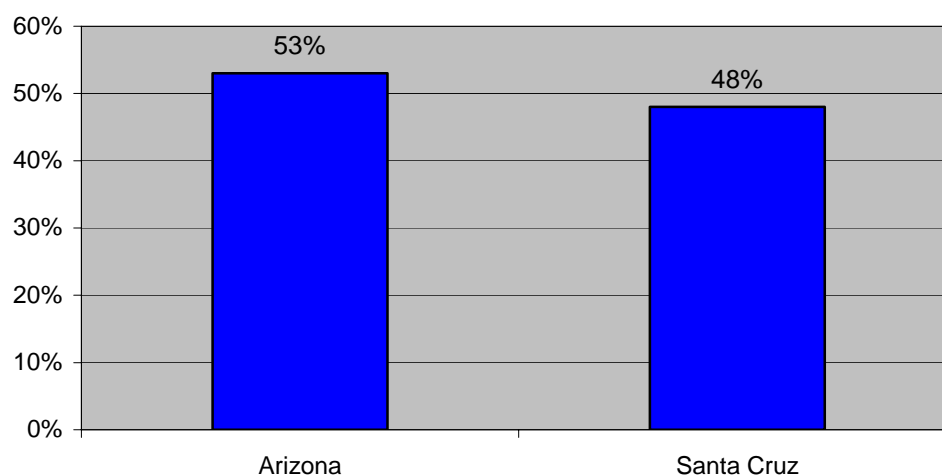
Twenty-eight percent (28%) of adult survey respondents in Santa Cruz County reported eating at least 5 fruits and vegetables per day. There were no significant differences found among respondents of different genders, age groups, races/ethnicities, education levels, or income levels.

Forty-eight percent (48%) of Santa Cruz County respondents reported meeting physical activity recommendations by engaging in either at least 30 minutes of moderate physical activity five or more times per week, or at least 20 minutes of vigorous activity three or more times per week. For physical activity, there were no significant differences among respondents of different genders, incomes, age groups, levels of education, or races/ethnicities.

Figure 1. Percentage of adults who report eating ≥ 5 fruits and vegetables a day, by gender.**Figure 2. Respondents ≥ 18 years who report consuming at least 5 fruits and vegetables per day.**

Domain	Value	Eats ≥ 5 fruits & vegetables per day		
		n	%	95% CI
Respondent Sex	Male	41	24	16.56 - 31.6
	Female	105	32	26.18 - 37.9
Respondent Age	18-24 years	3	N/A	13.7 - 31.8 13.45 - 29.5
	25-34 years	26	N/A	
	35-44 years	27	23	
	45-54 years	27	21	
	55-64 years	26	N/A	
	65+ years	35	N/A	
Respondent Race	White/Non-Hisp	43	36	26.23 - 45.8 21.29 - 32.1
	Black or Af. Am/Non-Hisp	0	N/A	
	Oth. Race/Non-Hisp	1	N/A	
	MultiRacial/Non-Hisp	0	N/A	
	Hispanic	100	27	
Education Level	Less Than HS	25	21	12.53 - 29.9
	HS or GED	51	33	23.42 - 41.6
	Some Post HS	30	25	16.22 - 34.2
	College Graduate	40	32	22.42 - 41.7
	Unk/Ref	0	N/A	
Income Level	Less than \$15,000	23	N/A	16.47 - 32.5
	\$15,000-24,999	37	24	
	\$25,000-34,999	17	N/A	
	\$35,000-49,999	14	N/A	
	\$50,000-74,999	12	N/A	
	\$75,000+	18	N/A	

Figure 3. Percentage of adults who reported meeting the recommended amount of physical activity.



Discussion

Healthful dietary and physical activity behaviors need to be established in childhood, and must be continued through adulthood. To maintain these habits, permanent lifestyle changes must be made, including changes to the physical and social environment. Promotion efforts should include public education about the long-term health consequences and risks associated with poor dietary habits and sedentary behaviors. Efforts should also include building and sustaining broad-based initiatives, as well as commitment, by public and private sector partners at the national, state, and local levels.¹

The 2000 *Dietary Guidelines for Americans* recommend that, in order to stay healthy, all persons over 2 years of age should aim to meet the following “ABC” recommendations.²

- **Aim for fitness:** aim for a healthy weight, and be physically active every day
- **Build a healthy base:** use the Food Guide Pyramid to make good food choices by eating a variety of grains daily, including whole grains, as well as a variety of fruits and vegetables daily
- **Choose sensibly:** choose a diet low in saturated fats and cholesterol, limit sugar and salt intake, and if drinking alcoholic beverages, do so in moderation

The CDC recommends that adults should strive to meet either of the following physical activity recommendations:³

- Adults should engage in moderate intensity physical activities for at least 30 minutes on 5 or more days per week
- OR
- Adults should engage in vigorous intensity physical activity for 20 or more minutes on 3 or more days per week

Figure 4. Healthy People 2010 objectives related to nutrition, prevalence rates.¹

Objective	1994-96 Baseline (U.S.)	2010 Target (U.S.)
Increase the proportion of persons ≥ 2 years who consume ≥ 2 daily servings of fruit	28%	75%
Increase the proportion of persons ≥ 2 years who consume ≥ 3 daily servings of vegetables, with \geq one-third being dark green or orange	3%	50%
Increase the proportion of persons ≥ 2 years who consume ≥ 6 daily servings of grain, with ≥ 3 being whole grains	7%	50%

Figure 5. Healthy People 2010 objectives related to physical activity, prevalence rates.¹

Objective	1997 Baseline (U.S.)	2010 Target (U.S.)
Reduce the proportion of adults who engage in no leisure-time physical activity	40%	20%
Increase the proportion of adults who engage regularly in moderate physical activity	15%	30%
Increase the proportion of adults who engage regularly in vigorous physical activity	23%	30%

References

1. U.S. Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.
2. USDA and U.S. Department of Health and Human Services (HHS). *Dietary Guidelines for Americans*. 5th ed. USDA Home and Garden Bulletin No. 232. Washington, DC: USDA, 2000.
3. CDC. Physical Activity for Everyone: Recommendations, 2006. Available at <http://www.cdc.gov/nccdphp/dnpa/physical/recommendations/index.htm>

Background

Eating more calories from food than what is expended in physical activity leads to overweight. To maintain a healthy weight, it is necessary to balance energy intake and energy output. This balance is influenced by metabolic and genetic factors, certain behaviors that affect diet and physical activity, as well as other environmental, cultural, and socioeconomic components. Unfortunately, the number of overweight and obese people in the United States has risen dramatically in the past 20 years, and can largely be attributed to an imbalanced diet and inactive lifestyle. Persons who are overweight or obese are at an increased risk for many different conditions and diseases, including high blood pressure, high cholesterol, type 2 diabetes, heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea, respiratory problems, some forms of cancer, and even psychological disorders. Often, the negative health outcomes associated with these conditions can be improved through weight loss, or the prevention of further weight gain. Currently, 60 percent of Americans are either considered overweight or obese.¹

Overweight and obesity are measured according to a body mass index (BMI), which is calculated from height and weight. A person is considered overweight if their BMI is greater than or equal to 25, and a person is considered obese if their BMI is greater than or equal to 30.² BMI has been shown to be a reliable indicator of body fatness for people, and is inexpensive and easy to perform. Overall, it is a good screening tool to identify weight problems among adults.

Overview

Sixty-seven percent (67%) of respondents in Santa Cruz County were overweight ($\text{BMI} \geq 25$), with significantly more male respondents (77%) being overweight than female respondents (59%). Hispanics were also more likely to be overweight (71%) than non-Hispanic whites (54%). There were no other significant differences among age groups, education levels, or income levels. Twenty-three percent (23%) of Santa Cruz County respondents were obese ($\text{BMI} \geq 30$), with no significant differences among gender, age groups, races/ethnicities, income levels, or education levels.

Figure 1. Adult BRFSS respondents who are obese ($\text{BMI} \geq 30$).

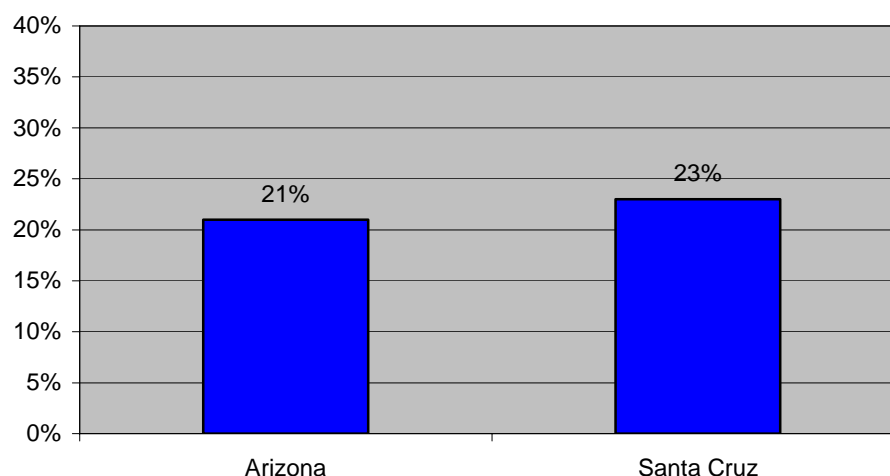


Figure 2. Respondents aged ≥ 18 years who have a body mass index (BMI) ≥ 25 (overweight) calculated from self-reported weight and height.

Domain	Value	% Overweight or obese (BMI ≥ 25)		
		n	%	95% CI
Respondent Sex	Male	132	77	70.33 - 83.9
	Female	177	59	52.27 - 65.1
Respondent Race	White/Non-Hisp	68	54	44.41 - 64.4
	Black or Af. Am/Non-Hisp	0	N/A	
	Oth. Race/Non-Hisp	2	N/A	
	MultiRacial/Non-Hisp	1	N/A	
	Hispanic	236	71	65.74 - 76.6

Figure 3. Respondents aged ≥ 18 years who have a body mass index (BMI) ≥ 30 (obese) calculated from self-reported weight and height.

Domain	Value	% Obese (BMI ≥ 30)		
		n	%	95% CI
Respondent Sex	Male	40	22	14.76 - 28.9
	Female	73	24	18.82 - 30.0
Respondent Age	18-24 years	1	N/A	
	25-34 years	18	N/A	
	35-44 years	28	N/A	
	45-54 years	26	26	16.01 - 35.3
	55-64 years	17	18	9.47 - 27.32
	65+ years	22	23	13.18 - 31.8
Respondent Race	White/Non-Hisp	21	17	9.39 - 23.85
	Black or Af. Am/Non-Hisp	0	N/A	
	Oth. Race/Non-Hisp	1	N/A	
	MultiRacial/Non-Hisp	0	N/A	
	Hispanic	90	25	19.62 - 30.3
Education Level	Less Than HS	25	N/A	
	HS or GED	42	29	20.31 - 38.3
	Some Post HS	26	20	12.13 - 28.8
	College Graduate	20	14	7.68 - 20.4
	Unk/Ref	0	N/A	
Income Level	Less than \$15,000	20	N/A	
	\$15,000-24,999	34	28	19.03 - 37.2
	\$25,000-34,999	10	N/A	
	\$35,000-49,999	13	N/A	
	\$50,000-74,999	8	N/A	
	\$75,000+	8	N/A	

Discussion

Many of the recommendations found in the “Healthy Eating and Physical Activity” section apply to the prevention and control of overweight and obesity. Engaging in regular physical activity, along with choosing a balanced healthy diet, will help to maintain a healthy weight, and will aid in avoiding many diseases and conditions that are commonly associated with being overweight or obese.

Healthy People 2010 established specific objectives related to overweight and obesity, as well as nutrition and physical activity. Several actions are recognized as fundamental in achieving these objectives:²

- Improving accessibility of nutrition information, nutrition education, nutrition counseling and related services, and healthful foods in a variety of settings and for all population groups
- Focusing on preventing chronic disease associated with diet and weight, beginning in youth
- Strengthening the link between nutrition and physical activity in health promotion
- Maintaining a strong national program for basic and applied nutrition research to provide a sound science base for dietary recommendations and effective interventions
- Maintaining a strong national nutrition monitoring program to provide accurate, reliable, timely, and comparable data to assess status and progress and to be responsive to unmet data needs and emerging issues
- Strengthening State and community data systems to be responsive to the data users at these levels
- Building and sustaining broad-based initiatives and commitment to these objectives by public and private sector partners at the national, state, and local levels

One of the national health objectives for the year 2010 is to reduce the prevalence of obesity among adults to less than 15%; however current data indicate that the situation is actually worsening, rather than improving. Major efforts are needed to improve the current situation. The Surgeon General has called for individuals, families, communities, schools, worksites, health care, media, industry, organizations, and government to determine their role and take action to prevent and decrease overweight and obesity.³

Figure 4. Healthy People 2010 objectives related to nutrition, prevalence rates.²

Objective	1988-94 Baseline (U.S.)	2010 Target (U.S.)
Increase the proportion of adults who are at a healthy weight	42%	60%
Reduce the proportion of obese adults	23%	15%

References

1. CDC. Behavioral Risk Factor Surveillance System, 2004.

2. U.S. Department of Health and Human Services. Healthy People 2010: Understanding and Improving Health. 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000.
3. U.S. Department of Health and Human Services. The Surgeon General's call to action to prevent and decrease overweight and obesity. [Rockville, MD]: U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General; [2001]. Available from: U.S. GPO, Washington.

Arizona, along with the rest of the United States, is currently facing epidemic proportions of many diseases and/or health conditions. Compared to years past, asthma incidence has increased, tobacco use continues to be a problem, diabetes incidence is rising dramatically, more people are choosing unhealthy diets and sedentary lifestyles, and the proportion of people who are overweight or obese is the highest it has ever been. Combining this with the issues revolving around access to quality health care presents major problems.

Current efforts to control and prevent these issues include Healthy People 2010, which has provided national goals, objectives, and targets for many of these diseases and conditions. On the local level, the Steps to a Healthy Arizona Initiative has provided its own goals and objectives for four Arizona communities. The progress of this initiative will continue to be monitored using several core performance measures, and various surveillance systems, such as the BRFSS.

The BRFSS is an integral part of the surveillance for many of the diseases, conditions, and behaviors mentioned in this report. It provides national information, as well as state-specific statistics for many important indicators used to assess various health objectives. The state statistics can then be broken down by county in order to examine geographic trends. Future surveys will allow us to evaluate the health status and visualize health trends among of Americans, Arizonans, and county residents over time.

The BRFSS survey has its limitations. The statistics presented by the BRFSS are based on a sample, and will differ, due to random sampling variability, from statistics that would be derived from a complete census of people with these diseases in Arizona and each specific county. The results are also subject to certain errors and biases from reporting, non-response, and processing; however, these errors are kept to a minimum because of certain survey methods. One major limitation is that the information collected represents self-reports of medically diagnosed conditions. This may underestimate the disease prevalence since not all individuals with these conditions have been properly diagnosed by a medical professional.

Additionally, there are limitations due to sample size. County-specific estimates are based on a much smaller sample size than those estimates given for the state of Arizona, and should be interpreted with caution. The Steps Program funded the over-sampling of Steps communities to increase the proportion of participants sampled in each community; however, due to the nature of certain disease conditions and risk factors, sample sizes for certain questions were insufficient to give proper data estimates. In order to obtain a sufficient sample size to analyze these questions, the data will need to be compiled with data from previous years.

2005 Arizona BRFSS Respondent Profile

2005 ARIZONA RESPONDENT PROFILE		
GROUPS	WEIGHTED PERCENTAGE	UNWEIGHTED N
<u>Sex</u>		
Male	49.5	1,763
Female	50.5	2,947
<u>Age</u>		
18-24	13.5	228
25-34	19.4	816
35-44	19.1	780
45-54	17.3	994
55-64	13.1	854
65+	17.7	1,338
<u>Education</u>		
Less than High School	12.4	599
High School Graduate or GED	28.5	1,337
Some College or Tech School	30.2	1,377
College Grad	30.9	1,386
<u>Income</u>		
< \$15,000	8.9	513
\$15,000-\$24,999	15.8	864
\$25,000-\$34,999	10.9	554
\$35,000-\$49,999	15.2	729
≥\$50,000	35.1	1,330
Unknown/Refused	14.3	720
<u>Race</u>		
White	68.9	3,175
Non-White	31.1	1,471
<u>Ethnicity</u>		
Hispanic	23.7	1,141
Non-Hispanic	76.3	3,538
<u>Total</u>		4,710

Source: 2005 Arizona BRFSS Sample

2005 Arizona BRFSS Questions Listing**CORE SECTIONS**

- 1: Health Status
- 2: Healthy Days – Health-related Quality of Life
- 3: Health Care Access
- 4: Exercise
- 5: Diabetes
- 6: Hypertension Awareness
- 7: Cholesterol Awareness
- 8: Cardiovascular Disease Prevalence
- 9: Asthma
- 10: Immunization
- 11: Tobacco Use
- 12: Alcohol Consumption
- 13: Demographics
- 14: Veteran's Status
- 15: Disability
- 16: Arthritis Burden
- 17: Fruits and Vegetables
- 18: Physical Activity
- 19: HIV/AIDS
- 20: Emotional Support & Life Satisfaction

OPTIONAL MODULES

- 1: Diabetes
- 6: Actions to Control High Blood Pressure
- 8: Influenza
- 9: Adult Asthma History
- 10: Random Child Selection
- 11: Childhood Asthma Prevalence
- 15: Colorectal Cancer Screening
- 21: Smoking Cessation
- 22: Secondhand Smoke Policy
- 25: Sexual Violence
- 26: Intimate Partner Violence

STATE ADDED QUESTIONS

- 1: Epilepsy
- 2: Emergency Preparedness and Response
- 3: Folic Acid
- 4: West Nile Virus

2005 Arizona Questionnaire

Section 1: Health Status 1.1. Would you say that in general your health is: Excellent 1 Very good 2 Good 3 Fair 4 Poor 5 Don't know/Not sure 7 Refused 9	3.3. Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost? Yes 1 No 2 Don't know/Not sure 7 Refused 9
Section 2: Healthy Days 2.1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? Number of days _____ None 9 8 Don't know/Not sure 7 7 Refused 9 9	3.4. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. Within past yr (1-12 months ago) 1 Within past 2 yrs (1-2 yrs ago) 2 Within past 5 yrs (2-5 yrs ago) 3 5 or more years ago 4 Don't know/Not sure 7 Never 8 Refused 9
2.2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good? Number of days _____ None 9 8 Don't know/Not sure 7 7 Refused 9 9	Section 4: Exercise 4.1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? Yes 1 No 2 Don't know/Not sure 7 Refused 9
2.3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? Number of days _____ None 9 8 Don't know/Not sure 7 7 Refused 9 9	Section 5: Diabetes 5.1. Have you ever been told by a doctor that you have diabetes? Yes 1 Yes, only during pregnancy 2 No 3 Don't know/Not sure 7 Refused 9
Section 3: Health Care Access Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? Yes 1 No 2 Don't know/Not sure 7 Refused 9	Section 6: Hypertension Awareness 6.1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? Yes 1 Yes, but female told only during pregnancy 2 No 3 Told borderline high or pre-hypertensive 4 Don't know/Not sure 7 Refused 9
3.2. Do you have one person you think of as your personal doctor or health care provider? Yes, only one 1 More than one 2 No 3 Don't know/Not sure 7 Refused 9	6.2. Are you currently taking medicine for your high blood pressure? Yes 1 No 2 Don't know/Not sure 7 Refused 9

Section 7: Cholesterol Awareness 7.1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked? Yes 1 No 2 Don't know/Not sure 7 Refused 9	Section 10: Immunization 10.1. flu shot is an influenza vaccine injected in your arm. During the past 12 months, have you had a flu shot? Yes 1 No 2 Don't know/Not sure 7 Refused 9
7.2. About how long has it been since you last had your blood cholesterol checked? Within the past year 1 Within the past 2 years 2 Within the past 5 years 3 5 or more years ago 4 Don't know/Not sure 7 Refused 9	10.2. During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine that is sprayed in the nose is also called FluMist TM . Yes 1 No 2 Don't know/Not sure 7 Refused 9
7.3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high? Yes 1 No 2 Don't know/Not sure 7 Refused 9	10.3. Have you EVER had a pneumonia shot? A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot? Yes 1 No 2 Don't know/Not sure 7 Refused 9
Section 8: Cardiovascular Disease Prevalence Has a doctor, nurse, or other health professional EVER told you that you had any of the following? 8.1. (Ever told) you had a heart attack, also called a myocardial infarction? Yes 1 No 2 Don't know/Not sure 7 Refused 9	Section 11: Tobacco Use 11.1. Have you smoked at least 100 cigarettes in your entire life? Yes 1 No 2 Don't know/Not sure 7 Refused 9
8.2. (Ever told) you had angina or coronary heart disease? Yes 1 No 2 Don't know/Not sure 7 Refused 9	11.2. Do you now smoke cigarettes every day, some days, or not at all? Every day 1 Some days 2 Not at all 3 Refused 9
8.3. (Ever told) you had a stroke? Yes 1 No 2 Don't know/Not sure 7 Refused 9	11.3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? Yes 1 No 2 Don't know/Not sure 7 Refused 9
Section 9: Asthma 9.1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma? Yes 1 No 2 Don't know/Not sure 7 Refused 9	Section 12: Alcohol Consumption 12.1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor? Yes 1 No 2 Don't know/Not sure 7 Refused 9
9.2. Do you still have asthma? Yes 1 No 2 Don't know/Not sure 7 Refused 9	

<p>12.2. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?</p> <p>Days per week 1 ____</p> <p>Days in past 30 days 2 ____</p> <p>No drinks in past 30 days 8 8 8</p> <p>Don't know/Not sure 7 7 7</p> <p>Refused 9 9 9</p>	<p>13.3. Which one or more of the following would you say is your race?</p> <p>White 1</p> <p>Black/African American 2</p> <p>Asian 3</p> <p>Native Hawaiian/Other Pacific Islander 4</p> <p>American Indian, Alaska Native 5</p> <p>Other 6</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>12.3. One drink is equivalent to a 12 ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?</p> <p>Number of drinks ____</p> <p>Don't know/Not sure 7 7</p> <p>Refused 9 9</p>	<p>13.4. Which one of these groups would you say best represents your race?</p> <p>White 1</p> <p>Black/African American 2</p> <p>Asian 3</p> <p>Native Hawaiian/Other Pacific Islander 4</p> <p>American Indian, Alaska Native 5</p> <p>Other 6</p> <p>Don't know/Not sure 7</p> <p>Refused</p>
<p>12.4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?</p> <p>Number of times ____</p> <p>None 8 8</p> <p>Don't know/Not sure 7 7</p> <p>Refused 9 9</p>	<p>13.5. Are you:</p> <p>Married 1</p> <p>Divorced 2</p> <p>Widowed 3</p> <p>Separated 4</p> <p>Never been married 5</p> <p>Member of an unmarried couple 6</p> <p>Refused 9</p>
<p>12.6. During the past 30 days, what is the largest number of drinks you had on any occasion?</p> <p>Number ____</p> <p>Don't know/Not sure 7 7</p> <p>Refused 9 9</p>	<p>13.6. How many children less than 18 years of age live in your household?</p> <p>Number of children ____</p> <p>None 8 8</p> <p>Refused 9 9</p>
<p>Section 13: Demographics</p> <p>13.1. What is your age</p> <p>Code age in years ____</p> <p>Don't know/Not sure 0 7</p> <p>Refused 0 9</p>	<p>13.7. What is the highest grade or year of school you completed?</p> <p>≤ Kindergarten 1</p> <p>Elementary 2</p> <p>Some high school 3</p> <p>High school graduate 4</p> <p>Some college/tech school 5</p> <p>College graduate 6</p> <p>Refused 9</p>
<p>13.2. Are you Hispanic or Latino?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>13.8. Are you currently:</p> <p>Employed for wages 1</p> <p>Self-employed 2</p> <p>Out of work for more than 1 year 3</p> <p>Out of work for less than 1 year 4</p> <p>Homemaker 5</p> <p>Student 6</p> <p>Retired 7</p> <p>Unable to work 8</p> <p>Refused 9</p>

13.9. Is your annual household income from all sources: < \$10,000 1 \$10,000 to < \$15,000 2 \$15,000 to < \$20,000 3 \$20,000 to < \$25,000 4 \$25,000 to < \$35,000 5 \$35,000 to < \$50,000 6 \$50,000 to < \$75,000 7 ≤ \$75,000 8 Don't know/Not sure 77 Refused 99	13.17. Indicate sex of respondent Male 1 Female 2
13.10. About how much do you weigh without shoes? Weight _____ pounds Don't know/Not sure 7 7 7 Refused 9 9 9	13.18. To your knowledge, are you now pregnant? Yes 1 No 2 Don't know/Not sure 7 Refused 9
13.11. About how tall are you without shoes? Height _____ / _____ ft/inches Don't know/Not sure 7 7 7 Refused 9 9 9	Section 14: Veteran's Status 14.1. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Yes 1 No 2 Don't know/Not sure 7 Refused 9
13.12. What county do you live in? FIPS county code _____ Don't know/Not sure 7 7 7 Refused 9 9 9	Section 15: Disability 15.1. Are you limited in any way in any activities because of physical, mental, or emotional problems? Yes 1 No 2 Don't know/Not sure 7 Refused 9
13.13. What is your ZIP Code where you live? ZIP Code _____ Don't know/Not sure 7 7 7 7 7 Refused 9 9 9 9 9	15.2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? Yes 1 No 2 Don't know/Not sure 7 Refused 9
13.14. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. Yes 1 No 2 Don't know/Not sure 7 Refused 9	Section 16: Arthritis Burden 16.1. DURING THE PAST 30 DAYS, have you had symptoms of pain, aching, or stiffness in or around a joint? Yes 1 No 2 Don't know/Not sure 7 Refused 9
13.15. How many of these are residential numbers? Residential phone numbers _____ Don't know/Not sure 7 Refused 9	16.2. Did your joint symptoms FIRST begin more than 3 months ago? Yes 1 No 2 Don't know/Not sure 7 Refused 9
13.16. During the past 12 months, has your household been without telephone service for 1 week or more? Yes 1 No 2 Don't know/Not sure 7 Refused 9	16.3. Have you EVER seen a doctor or other health professional for these joint symptoms? Yes 1 No 2 Don't know/Not sure 7 Refused 9

<p>16.4. Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>17.6. Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?</p> <p>Per day 1 Per week 2 Per month 3 Per year 4 Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9</p>
<p>16.5. Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>	<p>Section 18: Physical Activity</p> <p>18.1. When you are at work, which of the following best describes what you do? Would you say</p> <p>Mostly sitting or standing 1 Mostly walking 2 Mostly heavy labor/physically demanding work 3 Don't know/Not sure 7 Refused 9</p>
<p>Section 17: Fruits & Vegetables</p> <p>17.1. How often do you drink fruit juices such as orange, grapefruit, or tomato?</p> <p>Per day 1 Per week 2 Per month 3 Per year 4 Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9</p>	<p>18.2. Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>17.2. Not counting juice, how often do you eat fruit?</p> <p>Per day 1 Per week 2 Per month 3 Per year 4 Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9</p>	<p>18.3. How many days per week do you do these moderate activities for at least 10 minutes at a time?</p> <p>Days per week Do not do any moderate physical activity 8 8 Don't know/Not sure 7 7 Refused 9 9</p>
<p>17.3. How often do you eat green salad?</p> <p>Per day 1 Per week 2 Per month 3 Per year 4 Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9</p>	<p>18.4. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?</p> <p>Hours and minutes per day Don't know/Not sure 7 7 7 Refused 9 9 9</p>
<p>17.4. How often do you eat potatoes not including French fries, fried potatoes, or potato chips?</p> <p>Per day 1 Per week 2 Per month 3 Per year 4 Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9</p>	<p>18.5. Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?</p> <p>Yes 1 No 2 Don't know/Not sure 7 Refused 9</p>
<p>17.5. How often do you eat carrots?</p> <p>Per day 1 Per week 2 Per month 3 Per year 4 Never 5 5 5 Don't know/Not sure 7 7 7 Refused 9 9 9</p>	<p>18.6. How many days per week do you do these vigorous activities for at least 10 minutes at a time?</p> <p>Days per week Do not do any moderate physical activity 8 8 Don't know/Not sure 7 7 Refused 9 9</p>

<p>18.7. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?</p> <p>Hours and minutes per day <u> </u> <u> </u> <u> </u></p> <p>Don't know/Not sure 7 7 7</p> <p>Refused 9 9 9</p>	<p>Module 6: Actions to Control High Blood Pressure</p> <p>MOD6_1. (Are you) changing your eating habits (to help lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>Section 19: HIV/AIDS</p> <p>19.1. Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. Include tests using fluid from your mouth.</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD6_2. (Are you) cutting down on salt (to help lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Do not use salt 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>19.2. Not including blood donations, in what month and year was your last HIV test?</p> <p>Code month and year <u> </u> <u> </u> / <u> </u> <u> </u> <u> </u> <u> </u> <u> </u> <u> </u></p> <p>Don't know/Not sure 7 7 7 7 7 7 7</p> <p>Refused 9 9 9 9 9 9 9</p>	<p>MOD6_3. (Are you) reducing alcohol use (to help lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Do not drink 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>19.3. Where did you have your last HIV test—at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at home, or somewhere else?</p> <p>Private doctor or HMO 01</p> <p>Counseling and testing site 02</p> <p>Hospital 03</p> <p>Clinic 04</p> <p>In a jail or prison 05</p> <p>Home 06</p> <p>Somewhere else 07</p> <p>Drug treatment facility 08</p> <p>Don't know/Not sure 77</p> <p>Refused 99</p>	<p>MOD6_4. (Are you) exercising (to help lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>19.4. I am going to read you a list (*at end). When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one.</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD6_5. (Ever advised you to) change your eating habits (to help lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>Section 20: Emotional Support & Life Satisfaction</p> <p>20.1. How often do you get the social and emotional support you need?</p> <p>Always 1</p> <p>Usually 2</p> <p>Sometimes 3</p> <p>Rarely 4</p> <p>Never 5</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD6_6. (Ever advised you to) cut down on salt (to help lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Do not use salt 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>20.2. In general, how satisfied are you with your life?</p> <p>Very satisfied 1</p> <p>Satisfied 2</p> <p>Dissatisfied 3</p> <p>Very dissatisfied 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD6_7. (Ever advised you to) reduce alcohol use (to help lower or control your high blood pressure)?</p> <p>Yes 1</p> <p>No 2</p> <p>Do not drink 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>

MOD6_8. (Ever advised you to) exercise (to help lower or control your high blood pressure)? Yes 1 No 2 Don't know/Not sure 7 Refused 9	MOD9_3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma? Number of visits None 8 8 Don't know/Not sure 9 8 Refused 9 9
MOD6_9. (Ever advised you to) take medication (to help lower or control your high blood pressure)? Yes 1 No 2 Don't know/Not sure 7 Refused 9	MOD9_4. During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms? Number of visits None 8 8 Don't know/Not sure 9 8 Refused 9 9
MOD6_10. Were you told on two or more different visits to a doctor or other health professional that you had high blood pressure? Yes 1 Yes, but female told only during pregnancy 2 No 3 Told borderline or pre-hypertensive 4 Don't know/Not sure 7 Refused 9	MOD9_5. During the past 12 months, how many times did you see a doctor, nurse or other health professional for a routine checkup for your asthma? Number of visits None 8 8 Don't know/Not sure 9 8 Refused 9 9
Module 8: Influenza MOD8_1. Where did you go to get your most recent flu shot / vaccine that was sprayed in your nose/vaccination (whether it was a shot or spray in your nose)? Dr's office or HMO 1 Health department 2 Another type of clinic or health center 3 Senior, recreation, or community center 4 Store 5 Hospital 6 Emergency room 7 Workplace 8 Other kind of place 9 Received in Canada/Mexico 10 Don't know/Not sure 77 Refused 99	MOD9_6. During the past 12 months, how many days were you unable to work or carry out your usual activities because of your asthma? Number of days None 8 8 8 Don't know/Not sure 7 7 7 Refused 9 9 9
Module 9: Adult Asthma History MOD9_1. How old were you when you were first told by a doctor or other health professional that you had asthma? Age in years 11 or older Age 10 or younger 9 7 Don't know/Not sure 9 8 Refused 9 9	MOD9_7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say? Less than once a week 1 Once or twice a week 2 More than 2 times a week, but not every day 3 Every day, but not all the time 4 Every day, all the time 5 Not at any time 8 Don't know/Not sure 7 Refused 9
MOD9_2. During the past 12 months, have you had an episode of asthma or an asthma attack? Yes 1 No 2 Don't know/Not sure 7 Refused 9	

<p>MOD9_8. During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say?</p> <p>One or two 1</p> <p>Three to four 2</p> <p>Five 3</p> <p>Six to ten 4</p> <p>More than ten 5</p> <p>None 6</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD10_4. Which <u>one or more</u> of the following would you say is the race of the child?</p> <p>White 1</p> <p>Black/African American 2</p> <p>Asian 3</p> <p>Native Hawaiian/Other Pacific Islander 4</p> <p>American Indian, Alaska Native 5</p> <p>Other 6</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>MOD9_9. During the past 30 days, how many days did you take a prescription asthma medication <u>to prevent</u> an asthma attack from occurring?</p> <p>1 to 14 days 1</p> <p>15 to 24 days 2</p> <p>25-30 days 3</p> <p>Never 4</p> <p>Don't know/Not sure 5</p> <p>Refused 9</p>	<p>MOD10_5. Which <u>one</u> of these groups would you say best represents the child's race?</p> <p>White 1</p> <p>Black/African American 2</p> <p>Asian 3</p> <p>Native Hawaiian/Other Pacific Islander 4</p> <p>American Indian, Alaska Native 5</p> <p>Other 6</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>MOD9_10. During the past 30 days, how often did you use a prescription asthma inhaler <u>during an asthma attack</u> to stop it?</p> <p>One to four times 1</p> <p>Five to fourteen times 2</p> <p>Fifteen to twenty-nine times 3</p> <p>Thirty to fifty-nine times 4</p> <p>Sixty to ninety-nine times 5</p> <p>More than 100 times 6</p> <p>Never 7</p> <p>Don't know/Not sure 8</p> <p>Refused 9</p>	<p>MOD10_6. How are you related to the child?</p> <p>Parent 1</p> <p>Grandparent 2</p> <p>Foster parent or guardian 3</p> <p>Sibling 4</p> <p>Other relative 5</p> <p>Not related in any way 6</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>Module 10: Random Child Selection</p> <p>MOD10_1. What is the birth month and year of the "Xth" child?</p> <p>Code month and year 7 7 / 7 7 7 7</p> <p>Don't know/Not sure 9 9 9 9 9 9</p> <p>Refused 9 9 9 9 9 9</p>	<p>Module 11: Childhood Asthma Prevalence</p> <p>MOD11_1. Has a doctor, nurse or other health professional EVER said that the child has asthma?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>MOD10_2. Is the child a boy or a girl?</p> <p>Boy 1</p> <p>Girl 2</p> <p>Refused 9</p>	<p>MOD11_2. Does the child still have asthma?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>MOD10_3. Is the child Hispanic or Latino?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>Module 15: Colorectal Cancer Screening</p> <p>MOD15_1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you EVER had this test using a home kit?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>

<p>MOD15_2. How long has it been since you had your last blood stool test using a home kit?</p> <p>Within past year 1</p> <p>Within past 2 years 2</p> <p>Within past 5 years 3</p> <p>5 or more years ago 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD21_4. On how many visits did your doctor, nurse or other health professional recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription medication such as Wellbutrin/Zyban/Bupropion?</p> <p>Number of visits</p> <p>Don't know/Not sure 7 7</p> <p>None 8 8</p> <p>Refused 9 9</p>
<p>MOD15_3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you EVER had either of these exams?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD21_5. On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?</p> <p>Number of times</p> <p>Don't know/Not sure 7 7</p> <p>None 8 8</p> <p>Refused 9 9</p>
<p>MOD15_4. How long has it been since you had your last sigmoidoscopy or colonoscopy?</p> <p>Within past year 1</p> <p>Within past 2 years 2</p> <p>Within past 5 years 3</p> <p>Within past 10 years 4</p> <p>10 or more years ago 5</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>Module 22: Secondhand Smoke Policy</p> <p>MOD22_1. Which statement best describes the rules about smoking inside your home?</p> <p>Smoking not allowed anywhere inside home 1</p> <p>Smoking allowed in some places or some times 2</p> <p>Smoking allowed anywhere inside home 3</p> <p>There are no rules about smoking inside home 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>Module 21: Smoking Cessation</p> <p>MOD21_1. About how long has it been since you last smoked cigarettes?</p> <p>Within the past month 1</p> <p>Within the past 3 months 2</p> <p>Within the past 6 months 3</p> <p>Within the past year 4</p> <p>Within the past 5 years 5</p> <p>Within the past 10 years 6</p> <p>10 or more years ago 7</p> <p>Don't know/Not sure 7 7</p> <p>Refused 9 9</p>	<p>MOD22_2. While working at your job, are you indoors most of the time?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>MOD21_2. In the last 12 months, how many times have you seen a doctor, nurse or other health professional to get any kind of care for yourself?</p> <p>Number of times 7 7</p> <p>Don't know/Not sure 7 7</p> <p>None 8 8</p> <p>Refused 9 9</p>	<p>MOD22_3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunchrooms?</p> <p>Not allowed in any public areas 1</p> <p>Allowed in some public areas 2</p> <p>Allowed in all public areas 3</p> <p>No official policy 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>MOD21_3. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider?</p> <p>Number of times 7 7</p> <p>Don't know/Not sure 7 7</p> <p>None 8 8</p> <p>Refused 9 9</p>	<p>MOD22_4. Which of the following best describes your place of work's official smoking policy for work areas?</p> <p>Not allowed in any work areas 1</p> <p>Allowed in some work areas 2</p> <p>Allowed in all work areas 3</p> <p>No official policy 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>

<p>Module 25: Sexual Violence</p> <p>MOD25_1. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD25_7. Has anyone EVER ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>MOD25_2. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to or without your consent?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD25_8. Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>MOD25_3. In the past 12 months, has anyone ATTEMPTED to have sex with you after you said or showed that you didn't want to or without your consent, BUT SEX DID NOT OCCUR?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>Module 26: Intimate Partner Violence</p> <p>MOD26_1. Has an intimate partner EVER THREATENED you with physical violence? This includes threatening to hit, slap, push, kick, or physically hurt you in any way.</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>MOD25_4. In the past 12 months, has anyone HAD SEX with you after you said or showed that you didn't want to or without your consent?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD26_2. Has an intimate partner EVER hit, slapped, pushed, kicked, or physically hurt you in any way?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>MOD25_5. At the time of the most recent incident, what was your relationship to the person who [had sex-or attempted to have sex] with you after you said or showed that you didn't want to or without your consent.</p> <p>Complete stranger 1</p> <p>Person known for less than 24 hours 2</p> <p>Acquaintance 3</p> <p>Friend 4</p> <p>Date 5</p> <p>Current boyfriend/girlfriend 6</p> <p>Former boyfriend/ girlfriend 7</p> <p>Spouse or live-in partner 8</p> <p>Ex-spouse or ex live-in partner 9</p> <p>Co-worker 10</p> <p>Neighbor 11</p> <p>Parent 12</p> <p>Step-parent 13</p> <p>Parent's partner 14</p> <p>Other relative 15</p> <p>Other non-relative 16</p> <p>Multiple perpetrators 17</p> <p>Don't know/Not sure 77</p> <p>Refused 99</p>	<p>MOD26_3. <u>"Other than what you have already told me about"</u> Has an intimate partner EVER ATTEMPTED physical violence against you? This includes times when they tried to hit, slap, push, kick, or otherwise physically hurt you, but they were not able to.</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>MOD25_6. Was the person who did this male or female?</p> <p>Male 1</p> <p>Female 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>MOD26_4. Have you EVER experienced any unwanted sex by a current or former intimate partner?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>

MOD26_5. In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner? Yes 1 No 2 Don't know/Not sure 7 Refused 9	AZ1_4. In the past year, have you seen a neurologist or epilepsy specialist for your epilepsy or seizure disorder? Yes 1 No 2 Don't know/Not sure 7 Refused 9
MOD26_6. In the past 12 months, have you had any injuries, such as bruises, cuts, scrapes, black eyes, vaginal or anal tears, or broken bones, as a result of this physical violence or unwanted sex? Yes 1 No 2 Don't know/Not sure 7 Refused 9	AZ1_5. During the past month, to what extent has epilepsy or its treatment interfered with your normal activities like working, school, or socializing with family or friends? Would you say... Not at all 1 Slightly 2 Moderately 3 Quite a bit 4 Extremely 5 Don't know/Not sure 7 Refused 9
MOD26_7. At the time of the most recent incident, what was your relationship to the intimate partner who was physically violent or had unwanted sex with you? Boyfriend 1 Girlfriend 2 Former boyfriend 3 Former girlfriend 4 Male you were dating 5 Female you were dating 6 Husband or male live-in partner 7 Former husband or former male live-in partner 8 Wife or female live-in partner 9 Former wife or former female live-in partner 10 Other 11 Don't know/Not sure 77 Refused 99	State Added: Emergency Preparedness and Response AZ2_1. How well prepared do you feel your household is to handle a large-scale disaster or emergency that could have an impact of 72 hours? Would you say... Very prepared 1 Somewhat prepared 2 Not very prepared 3 Not prepared at all 4 Preparation is not necessary 5 Don't know/Not sure 7 Refused 9
State Added: Epilepsy AZ1_1. Have you ever been told by a doctor that you have a seizure disorder or epilepsy? Yes 1 No 2 Don't know/Not sure 7 Refused 9	AZ2_2. In the event of a large-scale disaster or emergency, which of the following do you have in place? Emergency Supply Kit 1 Disaster Communication Plan 2 Disaster Evacuation Plan 3 Do not have any of the above 4 Don't know/Not sure 7 Refused 9
AZ1_2. Are you currently taking any medicine to control your seizure disorder or epilepsy? Yes 1 No 2 Don't know/Not sure 7 Refused 9	
AZ1_3. How many seizures of any type have you had in the last three months? None 1 One 2 More than one 3 No longer have epilepsy or seizure disorder 4 Don't know/Not sure 7 Refused 9	

<p>AZ2_3. Please let me know whether you strongly agree, agree, neither agree or disagree, disagree, or strongly disagree with the following statement: I know how to quickly get information about bioterrorism. "Bioterrorism" is defined as, "when a person or people spread a deadly disease, on purpose, through the air or through food or water."</p> <p>Strongly agree 1</p> <p>Agree 2</p> <p>Neither agree or disagree 3</p> <p>Disagree 4</p> <p>Strongly disagree 5</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>AZ4_2a. In the past summer, how often have you taken any of the following measures at night to protect yourself from mosquito bites?</p> <p>Avoided outdoor areas where you know there are mosquitoes? Would you say..</p> <p>Always 1</p> <p>Sometimes 2</p> <p>Never 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>State Added: Folic Acid</p> <p>AZ3_1. Do you currently take any multivitamins or supplements that contain folic acid?</p> <p>Yes 1</p> <p>No 2</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>AZ4_2b. Worn long sleeved shirts and long pants? Would you say...</p> <p>Always 1</p> <p>Sometimes 2</p> <p>Never 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>AZ3_2. How often do you take this multivitamin or supplement?</p> <p>Times per day 1 ___</p> <p>Times per week 2 ___</p> <p>Times per month 3 ___</p> <p>Don't know/Not sure 7 7 7</p> <p>Refused 9 9 9</p>	<p>AZ4_2c. Used insect repellent on your skin or clothes? Would you say ...</p> <p>Always 1</p> <p>Sometimes 2</p> <p>Never 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>AZ3_3. Some health experts recommend that women take 400 micrograms of the B-vitamin folic acid every day. They recommend this for which one of the following reasons?</p> <p>To make strong bones 1</p> <p>To prevent birth defects 2</p> <p>To prevent high blood pressure 3</p> <p>Some other reason 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>AZ4_3. This last summer did you remove potential mosquito breeding habitats from around your home such as standing water or water holding containers, such as pots, tires, buckets, etc.?</p> <p>Yes 1</p> <p>No 2</p> <p>Do not have water or containers around home 3</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>
<p>State Added: West Nile Virus</p> <p>AZ4_1. During the last summer, how often did you spend 30 minutes or more outside after dark doing things like sitting, recreating, BBQ'ing or taking a walk? Would you say...</p> <p>Most evenings 1</p> <p>At least once each week 2</p> <p>Less than once a week 3</p> <p>Never 4</p> <p>Don't know/Not sure 7</p> <p>Refused 9</p>	<p>* From question 19.4</p> <ul style="list-style-type: none"> You have used intravenous drugs in the past year. You have been treated for a sexually transmitted or venereal disease in the past year. You have given or received money or drugs in exchange for sex in the past year. You had anal sex without a condom in the past year.

2005 BRFSS Weighting Formula

$$\text{FINALWT} = \text{STRWT} * 1 \text{ OVER NPH} * \text{NAD} * \text{POSTSTRAT}$$

FINALWT is the final weight assigned to each respondent.

STRWT accounts for differences in the basic probability of selection among strata (subsets of area code/prefix combinations). It is the inverse of the sampling fraction of each stratum. There is almost never a complete correspondence between strata, which are defined by subsets of area code/prefix combinations, and regions, which are defined by the boundaries of government entities.

1/NPH is the inverse of the number of residential telephone numbers in the respondent's household.

NAD is the number of adults in the respondent's household.

POSTSTRAT is the number of people in an age-by-gender or age-by-race-by-gender category in the population of a region or a state divided by the sum of the products of the preceding weights for the respondents in that same age-by-gender or age-by-race-by-gender category. It adjusts for non-coverage and non-response and, before 1995, also adjusts for different probabilities of selection by region, where applicable.

The 2005 Arizona Behavioral Risk Factor Survey (BRFS) Highlights —Santa Cruz[§]

The Behavioral Risk Factor Surveillance System (BRFSS) measures the prevalence of specific personal behaviors that directly affect the health of Arizona adults who are over the age of 18. The highlights are based on a representative sample of 482 adult residents of Santa Cruz County, Arizona.

General Health / Access to Care

- 28% Do not have any kind of health care coverage
- 32% Do not have one person they think of as their personal doctor
- 22% Could not see a doctor when needed because of cost

Asthma

- 6.9% Have been told by a doctor or nurse that they have ever had asthma¹

Tobacco Use

- 21% Currently smoke²

Diabetes

- 11% Have been told by a doctor or nurse that they have diabetes

Healthy Eating

- 28% Eat ≥ 5 fruits and vegetables per day

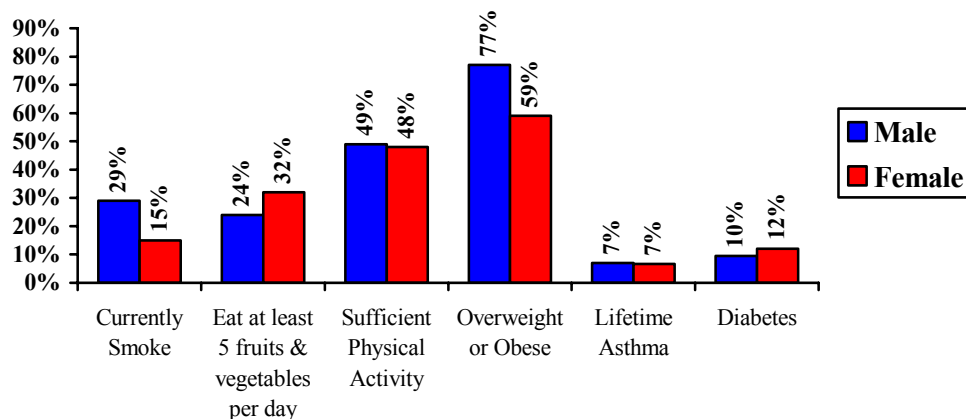
Physical Activity

- 48% Participate in sufficient physical activity per week³

Obesity

- 44% Overweight, but not obese⁴
- 23% Obese⁵

**Percentage of Adult Risk Behaviors, by Gender,
Santa Cruz, 2005**



Notes:

¹ Lifetime asthma prevalence (told by a doctor or nurse that they have ever had asthma).

² Smoked 100 cigarettes in their lifetime and are current smokers on every day or some days.

³ Participated in at least 20 minutes of vigorous physical activity on three or more days per week, or participated in at least 30 minutes of moderate physical activity on five or more days per week.

⁴ Overweight: $25 \leq \text{BMI} < 30$.

⁵ Obese: $\text{BMI} \geq 30$.

[§] Santa Cruz County BRFSS data was made possible through funding from the Steps to A Healthier Arizona Initiative.

The 2005 Arizona Behavioral Risk Factor Survey (BRFS) Highlights —Arizona[§]

The Behavioral Risk Factor Surveillance System (BRFSS) measures the prevalence of specific personal behaviors that directly affect the health of Arizona adults who are over the age of 18. The highlights are based on a representative sample of 4,710 adult residents of Arizona.

General Health / Access to Care

- 21% Do not have any kind of health care coverage
- 28% Do not have one person they think of as their personal doctor
- 14% Could not see a doctor when needed because of cost

Asthma

- 12% Have been told by a doctor or nurse that they have ever had asthma¹

Tobacco Use

- 20% Currently smoke²

Diabetes

- 7.5% Have been told by a doctor or nurse that they have diabetes

Healthy Eating

- 24% Eat ≥ 5 fruits and vegetables per day

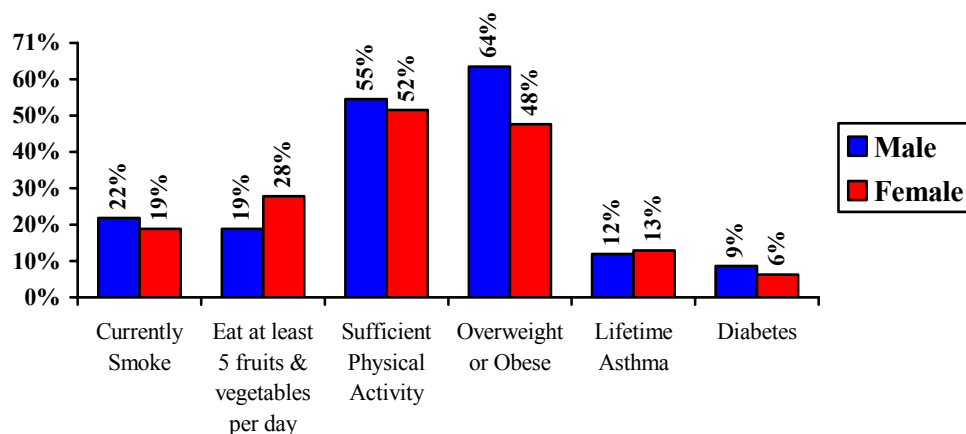
Physical Activity

- 53% Participate in sufficient physical activity per week³

Obesity

- 35% Overweight, but not obese⁴
- 21% Obese⁵

**Percentage of Adult Risk Behaviors, by Gender, Arizona,
2005**



Notes:

¹ Lifetime asthma prevalence (told by a doctor or nurse that they have ever had asthma).

² Smoked 100 cigarettes in their lifetime and are current smokers on every day or some days.

³ Participated in at least 20 minutes of vigorous physical activity on three or more days per week, or participated in at least 30 minutes of moderate physical activity on five or more days per week.

⁴ Overweight: $25 \leq \text{BMI} < 30$.

⁵ Obese: $\text{BMI} \geq 30$.

[§] Arizona BRFS data was made possible through funding from the Steps to A Healthier Arizona Initiative.